

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31138

FILED OCT 9 1948 318

Primary Registration District No. 1003

Registrar's No.

8592

1. PLACE OF DEATH:

- (a) County St. Louis mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 112 Cass Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 11 months
years, months or days)

3. (a) PRINT
FULL NAMEMrs Susie Johnson

3. (b) If veteran,
-
- name war.

3. (c) Social Security No.

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jonas Johnson 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 9 (Month) 18 (Day) 1915 (Year)

8. AGE: Years 73 Months 0 Days 28 If less than one day
hr. min.

9. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Naomi Welfer

- (b) Address 1827 Carr St

17. (a) Burial (b) Date thereof 10-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Gus Lowe

- (b) Address 2930 Dickson St

19. (a) OCT 2 1948 (b) J. T. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Cass Ave
(If rural, give location)
(e) Citizen of foreign country? 25 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 29th
year 1948 hour 9:15 minute AM

21. I hereby certify that I attended the deceased from 9-27-48 to 9-29-48
that I last saw him alive on 9-29-48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage DurationDue to hypertensionDue to fatOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Bailey (M. D. or other)
Address 441 N. 1st St Date signed 10-1-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.